PTO/SB/22 (11-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | Docket Number (Optional) 1503-0176PUS1 | |
|--|---|------------------|
| Application Number 10/532,829-Conf. #8880 | Filed | January 20, 2006 |
| For GAS GENERATOR GRATE | | |
| Art Unit 1795 | Examiner | I. Akram |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| Fee One month (37 CFR 1.17(a)(1)) \$130 | Small Entity F \$65 | <u>ee</u> |
| Two months (37 CFR 1.17(a)(2)) \$490 | \$245 | \$ |
| X Three months (37 CFR 1.17(a)(3)) | \$555 | \$ 555.00 |
| Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 | \$ |
| Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| assignee of record of the entire interest. See 37 C Statement under 37 CFR 3.73(b) is enclosed attorney or agent of record. Registration Number | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | |
| January Slatten | M | arch 4, 2009 |
| Signature | Date | |
| James M. Slattery Typed or printed name | (703) 205-8015 Telephone Number | |
| NOTE: Signatures of all the Inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| Total of forms are submitted. | | |